

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90017 040 ***158.75

DOCUMENT # P96000013564	
1. Entity Name PHOENIX MANAGEMENT & FINANCIAL CONSULTING, INC.	

Principal Place of Business 10822 SW 88 STREET #S-15 MIAMI, FL 33176-1389	Mailing Address 10822 SW 88 STREET #S-15 MIAMI, FL 33176-1389
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40000861



2. Principal Place of Business 12338 SW 125 TERRACE	3. Mailing Address 12338 SW 125 TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33186-9060	Country MIAMI-DADE
Zip 33186-9060	Country MIAMI-DADE

4. FEI Number 65-0644331	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAYA, LUIS E 10822 SW 88 STREET #S-15 MIAMI, FL 33176-1389	7. Name and Address of New Registered Agent Name LUIS E. LAYA Street Address (P.O. Box Number is Not Acceptable) 12338 SW 125 TERRACE City MIAMI FL Zip Code 33186-9060
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYA, LUIS E 10822 SW 88 STREET #S-15 MIAMI, FL 33176-1389 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYA, LUIS E 12338 SW 125 TERRACE MIAMI, FL 33186-9060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director, of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luis E. Laya JANUARY 9, 2005 (305) 234-6573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #